



HIGHWAY TRAFFIC BOARD REQUEST FOR REVIEW OR AMENDMENT
(FORM MUST BE FILLED IN COMPLETELY OR IT WILL BE RETURNED)

NAME: _____ ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

TELEPHONE: _____ Email: _____

SGI CUSTOMER NUMBER: _____

The Board may review a hearing decision only if there is **NEW** evidence that was not available at the time of the initial decision, and it is important or relevant to the initial decision, and it is important and in the public interest to review the initial decision - See *Traffic Safety Act 23(5)*

1. Give an explanation and provide details of the new information. Be very specific as to any details regarding dates, times, places, etc.:

2. Give reasons for the above request and the consequences to you or others if this request is not granted:

3. If this request is not granted what would be your plan "B" or what other opportunities are available to take care of this request:

4. Include any other information/documents that will be useful in explaining your request for a review or amendment:

SIGNATURE

DATE